



QUARTERLY REPORT FOR SELF-INSURED BUSINESS

This report is required by RCW 51.44.150. The 30 day time limit for filing is set by WAC 296-15-221(4a). Late reporting is subject to a penalty of \$500 as provided by RCW 51.48.080. Interest will be charged on past due assessments. This report is subject to verification.

Report must be received by:

For qtr. ending:

UBI:

Account ID:

Account Status:

| | | | | | |
|----------------------------|----------|---|----------------------|---|--|
| 1) State fund claim cost | | 2) Payments made by self-insured | | 3) Total claim payment (box 1 + box 2) | |
| Administrative Assessment | 4) Rate | 5) AA amt (\$25 min) (box 3 X box 4) | 6) Previous balance | 7) Total AA due (box 5 + box 6) | |
| | 8) Rate | 9) 2nd inj amt (box 3 X box 8) | 10) Previous balance | 11) total 2nd injury due (box 9 + box 10) | |
| | 12) Rate | 13) Ins trst amt (box 3 X box 12) | 14) Previous balance | 15) total ins trst due (box 13 + box 14) | |
| 16) Prior interest balance | | 17) Prior penalty balance | | 18) prior int and pen due (box 16 + box 17) | |

| CLASS | HOURS | CLASS | HOURS | CLASS | HOURS | CLASS | HOURS |
|-------|-------|-------|-------|-------|-------|-------|-------|
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PLEASE DO NOT ADD CLASSES WITH OUT CONTACTING THE DEPARTMENT - DO NOT USE SIC OR NAICS CODES

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|-------------------------------|--------------------|---|-----------------------|---|--|
| 19) Worker hours | | 20) Volunteer hours (classes 6901 and 6906) | | 21) total worker hour (box 19 minus box 20) | |
| Sub Pen & Asbestos Assessment | 22) Rate | 23) Sub pen & asb amt (box 21 X box 22) | 24) Previous balance | 25) Total sup pen & asb due (box 23 + box 24) | |
| | 26) # of employees | 27) Gross payroll | 28) # new claims/qtr. | 29) Total due (boxes 7 + 11 + 15 + 18 + 25) | |

I (we) the undersigned hereby certify that the data appearing in the report is an accurate and complete statement of the claim payments and worker hours for the period as stated.

| | | |
|---------------------|-----------|------|
| Location of records | Phone | Date |
| Type name and title | Signature | |

Please allow at least seven days for mail service